



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 4395

|  |   |                                |   |   |
|--|---|--------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>09/006,999   | <b>FILING OR 371(c) DATE</b><br>01/14/1998<br><b>RULE</b>   | <b>CLASS</b><br>073            | <b>GROUP ART UNIT</b><br>2855   | <b>ATTORNEY DOCKET NO.</b><br>PMS241460 |
| <b>APPLICANTS</b><br>CLIVE J. SHIFF, BALTIMORE, MD;<br>THADDEUS K. GRACZYK, BALTIMORE, MD;   |   |                                |   |   |
| <b>** CONTINUING DATA *****</b>  |   |                                |   |   |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |                                |   |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br>** 04/06/1998  |   |                                |   |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |   | <b>STATE OR COUNTRY</b><br>MD  | <b>SHEETS DRAWING</b><br>1  | <b>TOTAL CLAIMS</b><br>9                |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____   |   | <b>INDEPENDENT CLAIMS</b><br>3 |   |   |
| <b>ADDRESS</b><br>26694  |   |                                |   |   |
| <b>TITLE</b><br>APPARATUS FOR THE SEPARATION OF CYSTIC PARASITE FORMS FROM WATER   |   |                                |   |   |
| <b>FILING FEE RECEIVED</b><br>577  | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: |                                | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |